

<b>PDC FORM</b> <b>F-1A</b> (11/97)	<b>PERSONAL FINANCIAL AFFAIRS STATEMENT</b> Short Form	P M O A S R T K  R E C E I V E D												
The F-1A form is designed to simplify reporting for persons who have no changes or only minor changes to an F-1 report previously filed. <b>A complete F-1 form must be filed at least every four years;</b> an F-1A form may be used for no more than three consecutive reports. <b>Deadlines:</b> Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.														
<table border="1"> <thead> <tr> <th>DOLLAR CODE</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>\$1 to \$2,999</td> </tr> <tr> <td>B</td> <td>\$3,000 to \$14,999</td> </tr> <tr> <td>C</td> <td>\$15,000 to \$29,999</td> </tr> <tr> <td>D</td> <td>\$30,000 to \$74,999</td> </tr> <tr> <td>E</td> <td>\$75,000 or more</td> </tr> </tbody> </table>		DOLLAR CODE	AMOUNT	A	\$1 to \$2,999	B	\$3,000 to \$14,999	C	\$15,000 to \$29,999	D	\$30,000 to \$74,999	E	\$75,000 or more	
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Last Name	First	Middle Initial	Name of Spouse and Dependents	Political Party If partisan office or pertinent to appointment
Mailing Address				
City	County	Zip + 4		
Filing Status (Check only one box.) <input type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input type="checkbox"/> Candidate running in an election: month _____ year _____ <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office			Office Held or Sought Office title: _____ County, city, district or agency of the office, name and number: _____ Position number: _____ Term begins: _____ ends: _____	

Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information.

- ☐ **NO CHANGE REPORT.** I have reviewed my last complete F-1 report dated \_\_\_\_\_ and F-1A reports (if any) dated (1) \_\_\_\_\_ and (2) \_\_\_\_\_. The information disclosed on those reports is accurate for the current reporting period.
- ☐ **MINOR CHANGES REPORT.** I have reviewed my last complete F-1 report dated \_\_\_\_\_. The changes listed below have occurred during the reporting period. Specify F-1 Form Item numbers describing changes. Provide all information required on F-1 report.

Check here ☐ if continued on attached sheet

**FOOD TRAVEL SEMINARS** Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
			\$	

Check here ☐ if continued on attached sheet

**ALL FILERS EXCEPT CANDIDATES.** Check the appropriate box.

- ☐ I hold a state elected office or am an executive state officer. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
- ☐ I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

**CERTIFICATION:** I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Daytime Telephone: ( ) \_\_\_\_\_

**Report Not Acceptable Without Filer's Signature**

Name

Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information.

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FOOD  
TRAVEL  
SEMINARS (Continued)

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